

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037265  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2556

FILED SEP 20 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Clayton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Louis County Hospital (DOA)

Inside Limits.  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Ladue

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
10132 Fieldcrest Lane

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First: HARRY Middle: W. Last: WINSBY

4. DATE OF DEATH: Month: September Day: 3 Year: 1962

5. SEX male

6. COLOR OR RACE: white

7. Married: ☐ Never Married: ☐  
Widowed: ☒ Divorced: ☐

8. DATE OF BIRTH 12/29/1893

9. AGE (last birthday) 68

10. IF UNDER 11 YEAR: Months: Days: Hours: Min.:  
IF UNDER 24 HR: Months: Days: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  
president

10b. KIND OF BUSINESS OR INDUSTRY: Winsby Typesetting Co

11. BIRTHPLACE (City and state or country): St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME

Harry W. Winsby

13b. MOTHER'S MAIDEN NAME

Mary Catherine Wolff

Minnie H. Winsby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
yes W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT: Donald W. Winsby 1906 Pine St

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE: (a) Multiple traumatic injuries

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a)

PART III. If deceased was female: was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Lost control of vehicle he was operating

20c. TIME OF INJURY Hour: 1:45 p.m. Month, Day, Year: 9/3/62

on wet pavement, skidded and collided with another car

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
highway

20f. CITY, TOWN, OR LOCATION:

COUNTY:

STATE:

St. Louis Missouri

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at DOA 2:53 PM \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

9/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Cremation

23b. DATE 9/5/1962

23c. NAME OF CEMETERY OR CREMATORY  
Oak Grove Crematory

23d. LOCATION (City, town, or county)  
St. Louis County

(State)  
Missouri

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel, Inc 7233 Delmar Blvd

25. DATE RECD. BY LOCAL REG.

9-4-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

14002

24629

3

4 0

5 2

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8 2

9 X

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11400

1292-3

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.